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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	87792.026005
	First Named Inventor	Dunckley
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/524,724
	Filing Date	February 16, 2005
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Modified Tailed Oligonucleotides**

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/16/2005

as United States Application Number or PCT International

Application Number

10/524,724

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0219143.5	GB	08/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Doc Code:

PTO/SB/81 (11-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/524,724
Filing Date	February 16, 2005
First Named Inventor	Dunkley
Title	Modified Tailed Oligonucleotides
Art Unit	
Examiner Name	
Attorney Docket Number	87792.026005

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

23469

☐ **OR**  
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

**OR**

☐ The address associated with Customer Number:

**OR**

<input type="checkbox"/> Firm or				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

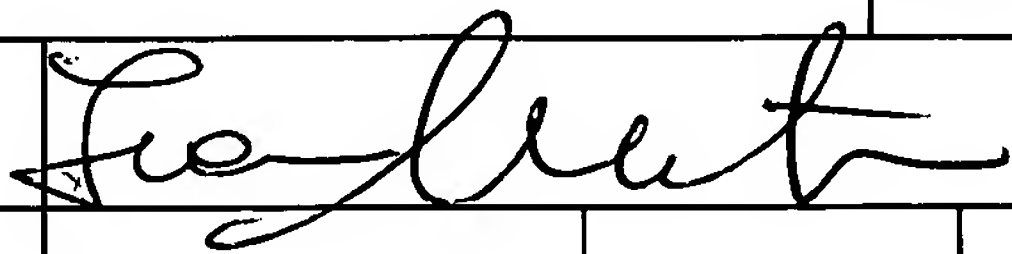
Signature	<i>Francesco Muntoni</i>	Date	2/5/05
Name	Francesco Muntoni	Telephone	00442083833295
Title and Company	Professor Pediatric Neurology, IMPERIAL COLLEGE LONDON		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Francesco		Muntoni		
Inventor's Signature				Date <u>25.8.05</u>
Residence: City	London	State	Country GB	Citizenship
Mailing Address	Department of Paediatrics, Imperial College London, Hammersmith Hospital, Du Cane Road			
City	London	State	ZIP W12 0NN	Country GB
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/524,724
Filing Date	February 16, 2005
First Named Inventor	Dunkley
Title	Modified Tailed Oligonucleotides
Art Unit	
Examiner Name	
Attorney Docket Number	87792.026005

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

23469

☐ **OR**  
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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**OR**

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<input type="checkbox"/> Firm or				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**


Signature	<i>I. C. Eperon</i>	Date	9 <sup>th</sup> November 2005
Name	Ian Charles Eperon	Telephon	0116 229 7017
Title and Company	PROFESSOR, UNIVERSITY OF LEICESTER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 3 forms are submitted.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer <u>23469</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Matthew Graeme</u>		Family Name or Surname <u>Dunkley</u>	
Inventor's Signature 		Date <u>20/10/05</u>	
Residence: City <u>London</u>	State	Country <u>GB</u> <u>GBX</u>	Citizenship <u>BRITISH</u>
Mailing Address <u>Dubowitz Neuromuscular Centre, Imperial College London, Hammersmith Hospital, Du Cane Road</u>			
City <u>London</u>	State	ZIP <u>W12 0NN</u>	Country <u>GB</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Ian Charles</u>		Family Name or Surname <u>Eperon</u>	
Inventor's Signature <u>I. C. Eperon</u>		Date <u>9<sup>th</sup> November 2005</u>	
Residence: City <u>Leicester</u>	State	Country <u>GB</u>	Citizenship
Mailing Address <u>Department of Biochemistry, University of Leicester, University Road</u> <u>GBX</u>			
City <u>Leicester</u>	State	ZIP <u>LE1 7RH</u>	Country <u>GB</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR are attached			



Doc Code:

PTO/SB/81 (11-04)

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/524,724
	Filing Date	February 16, 2005
	First Named Inventor	Dunckley
	Title	Modified Tailed Oligonucleotides
	Art Unit	
	Examiner Name	
	Attorney Docket Number	87792.026005

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☐ OR  
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Name	Registration Number

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OR

☐ The address associated with Customer Number:  

OR

☐ Firm or

Address

City State Zip

Country

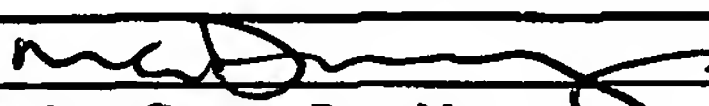
Telephone Fax

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	20-10-05
Name	Matthew Graeme Dunckley	Telephone	020 8296 2000
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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